

Assembly Bill No. 99

CHAPTER 278

An act to amend Section 6254 of the Government Code, to amend Sections 443.32, 1189.109, 1189.110, 1189.113, 1216, 1797.98c, 1797.98e, 24163, 24164, 24164.5, 24165.2, 24165.3, 24165.5, 24167, and 24169.8 of, and to add Sections 24168.4, 24168.5, 24168.6, 24168.7, 24168.8, and 24168.9 to, the Health and Safety Code, to amend Sections 12710, 12725.5, 12730, and 12739 of, and to add and repeal Part 6.3 (commencing with Section 12693) of Division 2 of, the Insurance Code, to amend Sections 14148.3, 14148.6, 16910, 16915, 16918, 16932, 16934.5, 16945, 16946, 16943, 16947, 16948, 16953, 16953.1, and 16997.1 of, to add Sections 16941.1, 16953.2, 16954, 16990, and 16953.3 to, and to add and repeal Article 4.8 (commencing with Section 14148.9) of Chapter 7 of Part 3 of Division 9 of, the Welfare and Institutions Code, and to amend Sections 57 and 69 of Chapter 51 of the Statutes of 1990, relating to public social services, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor July 29, 1991. Filed with
Secretary of State July 30, 1991.]

LEGISLATIVE COUNSEL'S DIGEST

AB 99, Isenberg. Health care.

The California Public Records Act generally requires that records of state and local agencies be open to public inspection with specified exceptions.

This bill would include records of the Major Risk Medical Insurance Program related to the Access for Infants and Mothers Program health insurance program and the California Major Risk Medical Insurance Program, and would provide that certain portions of contracts under those programs shall be open to inspection one year after they have been fully executed, would make that portion of the contracts relating to the rates of payment open to inspection 3 years after the contract or contract amendment is open to inspection, and would specify that the contracts or contract amendments shall be open to inspection by the Joint Legislative Audit Committee.

Under existing provisions of the Health Data and Advisory Council Consolidation Act, the summary financial data each hospital is required to report to the Office of Statewide Health Planning and Development will be revised commencing with the third calendar quarter of 1991.

This bill would, instead, require the implementation of the existing reporting requirements until the first calendar quarter of 1992.

Existing law authorizes the State Department of Health Services to establish a reimbursement program for referral case management

services provided to children for the 1990-91 fiscal year.

This bill would extend that authorization to the 1993-94 fiscal year.

Existing law establishes the Expanded Access to Primary Care Program, operative until July 1, 1991, under which the State Department of Health Services would reimburse the costs incurred by selected health clinics in providing medical services and preventive health care to persons who meet specified income eligibility standards.

This bill would extend the operative period of that program to July 1, 1994.

Under existing law, every outpatient health facility licensed as a clinic is required to report information to the Office of Statewide Health Planning and Development.

This bill would revise the types of information which each licensed clinic must include within its report.

The bill would also require the Office of Statewide Health Planning and Development to coordinate with the State Department of Health Services to develop and implement, by January 1, 1992, a procedure for common reporting requirements for primary care clinics, and would specify the information which must be included within the common reporting requirements.

Existing law, until July 1, 1991, provides for the Tobacco Education Oversight Committee and establishes certain duties for that committee relating to tobacco education programs.

This bill would continue the committee and its responsibilities until July 1, 1994.

Existing law requires the State Department of Health Services to implement state and local tobacco education programs until July 1, 1991.

Under existing law, the State Department of Education is required, until July 1, 1991, to award and administer grants for projects directed at the prevention of tobacco-related diseases.

This bill would revise eligibility requirements for participating lead agencies and would extend those existing requirements until July 1, 1994.

Existing law provides that the State Department of Health Services shall use not more than 5% of the funds appropriated by Chapter 1331 of the Statutes of 1989 to provide program support services to local tobacco use prevention programs.

This bill would eliminate that restriction.

Under existing law, the State Department of Health Services is required to contract for an initial baseline survey and follow-up surveys of attitudes and behavior regarding tobacco use and prevention.

The bill would authorize the department to conduct the surveys, as well as contract for their implementation, and would specify that the followup surveys be conducted annually.

Under existing law, each county or city health department which

is a lead agency for purposes of implementation of state and local tobacco education programs funded by grants from the State Department of Social Services is required to submit a plan to the department relating to education against tobacco use targeted at the entire community by January 1, 1991.

This bill would require that each lead agency shall submit the plan by January 1 of each year.

Existing law provides for the allocation of money appropriated for tobacco use and prevention programs.

This bill would specify that the funds shall be allocated prospectively, to the counties, on a quarterly basis.

Existing law requires the State Department of Health Services to expand the Child Health and Disability Prevention Program.

This bill would require the department to expand its support and monitoring of county child health and disability prevention programs to provide a followup of CHDP assessments that result in the discovery of conditions that require followup diagnosis, to provide technical assistance, support services, and monitoring and evaluation of program performance, and to require corrections in county failures to provide treatment services required by this bill.

Under existing law, until July 1, 1991, perinatal services are provided under the Medi-Cal program to pregnant women and infants, as defined, in families with income above 185% of, but not more than 200% of, the federal poverty level and requires the department to provide for outreach activities.

This bill would extend and revise that eligibility until July 1, 1994 and would direct the targeting of those outreach activities.

Existing law requires the county in which a person resides to determine a person's eligibility for Medi-Cal benefits and continued eligibility.

To the extent this bill would increase the counties' responsibilities for eligibility determination, it would impose a state-mandated local program.

The bill would require the State Department of Health Services to report to the appropriate committees of the Legislature no later than March 15 of each year on various factors relating to childbirth.

Existing law does not require the provision of health care insurance for low-income women who are pregnant.

This bill would establish a program, to be administered by the Major Risk Medical Insurance Board, to provide coverage for certain low-income women through participating health plans.

The bill would also require the Major Risk Medical Insurance Board to coordinate with other agencies to ensure continuity of health care services.

The bill would require the Major Risk Medical Insurance Board to report to the appropriate committees of the Legislature on the progress of the health insurance coverage program no later than January 1, 1994.

The bill would require the board to appoint an advisory panel.

The bill would create the Perinatal Insurance Fund in the State Treasury, and would continuously appropriate that fund for the purposes of the health coverage program.

Existing law established the Major Risk Medical Insurance Program in the Business, Transportation and Housing Agency, to be administered by the Major Risk Medical Insurance Board, comprised of 6 members.

This bill would increase the membership of the board to include the Secretary of Health and Welfare or his or her designee as an ex officio member of that board.

Existing law provides that after June 30, 1991, \$30,000,000 shall be deposited annually in the Major Risk Medical Insurance Fund from the Unallocated Account in the Cigarette and Tobacco Products Surtax Fund.

This bill would reallocate that deposit to include amounts from various specified accounts in the Cigarette and Tobacco Products Surtax Fund.

Existing law establishes, until July 1, 1991, the California Health Care for the Indigent Program, through which the State Department of Health Services is authorized to allocate appropriated funds to local agencies for the provision of health care to certain eligible indigent persons.

This bill would extend that program until July 1, 1994, would revise county eligibility and reporting requirements, and would make conforming changes.

Existing law specifies that counties applying for certain funds appropriated for purposes of reporting requirements established by the California Health Care for the Indigent Program shall complete the implementation of the medically indigent care reporting system by July 1, 1991, and requires the counties to submit an application for funding for the implementation of that system based on a format required by the State Department of Health Services.

This bill would authorize a later implementation date if the counties' implementation plan amendment ensures full implementation no later than December 31, 1991, and the amendment is authorized by the State Department of Health Services.

Existing law requires that any county that receives California Health Care for the Indigent Program funds shall report to the State Department of Health Services indigent health care program demographic, expenditure, and utilization data.

This bill would revise those reporting requirements.

The bill would revise the method of determining the allocation of California Health Care for the Indigent Program funds to CMSP counties.

This bill would revise the factors used in the allocation of money to counties for distributions to hospitals for uncompensated care costs

from that requirement.

Existing law establishes requirements that hospitals receiving funds under the California Health Care for the Indigent Program must meet, including meeting licensing requirements.

This bill would revise those licensing requirements.

The bill would provide that nothing in the provisions for the allocation of funds to local agencies for health care shall prevent a physician from utilizing an agent who furnishes billing and collection services to the physician to submit claims or receiving payment for claims.

The bill would also specify that a county may adopt a fee schedule to establish a uniform, reasonable level of reimbursement from the physician services account for reimbursable services.

Existing law appropriated \$1,000,000 from the Unallocated Account in the Cigarette and Tobacco Products Surtax Fund to the State Department of Health Services for expenditure in the 1990-91 fiscal year to increase access to dental services under the Child Health and Disability Prevention Program.

This bill would authorize the expenditure of that appropriation in the 1990-91 and 1991-92 fiscal years, and would also provide that the money be expended for various dental and dental-related expenditures under the Expanded Access to Primary Care Program and the rural health services provisions of the California Health Care for the Indigent Program. By revising the time the money may be expended and the purposes for which it may be expended, this provision would result in an appropriation.

Existing law appropriates \$500,000 from the Unallocated Account in the Cigarette and Tobacco Products Surtax Fund to the State Department of Health Services, for expenditure in the 1990-91 fiscal year for the primary care clinic risk pool.

This bill would, instead, require the State Department of Health Services to expend that appropriation for grants to clinics to expand access to dental care.

By requiring the expenditure of appropriated funds for purposes other than the purposes for which they were originally appropriated, this bill would result in an appropriation.

The bill would appropriate money from various accounts in the Cigarette and Tobacco Products Surtax Fund for various health care services and cigarette and tobacco product use prevention programs.

The bill would require the State Department of Health Services to report to the appropriate committees of the Legislature, on or before April 1, 1992, on the criteria used by the counties in the use of money appropriated from the Physician Services Account in the Cigarette and Tobacco Products Surtax Fund for emergency services under the California Health Care for the Indigent Program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that

reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

This bill would declare that it is to take effect immediately as an urgency statute.

Appropriation: yes.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) That prenatal care is critical to healthy birth outcomes, and that healthy birth outcomes are critical to full and productive lives.

(b) That there are many women in California who do not receive prenatal care nor do their children receive adequate care early in life.

(c) That there is a correlation between lack of health insurance and lack of prenatal and preventive health care.

(d) That there is a direct correlation between tobacco use during pregnancy and adverse birth outcomes.

(e) That many women and children who do not receive this care are not eligible for public assistance programs, yet cannot afford to pay for the care.

(f) That every year 90,000 California women are unsponsored for prenatal care, and 50,000 California women are unsponsored for maternity services at the time of delivery.

(g) That lack of a sponsor for the cost of prenatal and maternity services results in restricted access to those services.

(h) That the Legislature is committed to providing access to all California women and their children for perinatal care and child health care.

(i) That the preferential method of providing care through a cooperative public or private effort using existing provider services and networks should be evaluated to determine whether access to prenatal care and birth outcomes are improved.

(j) That consumers of health care are more cost conscious in their utilization of health care services when they financially contribute to paying for the care.

(k) That an effective means of providing coverage for these services is to subsidize purchase of private health care coverage.

(l) It is the intent of the Legislature in enacting this act to do all of the following:

(1) Provide expanded access to health care services for pregnant women and their children as a first step toward providing health coverage for all Californians.

(2) Provide meaningful and effective health education materials to all program participants.

(3) Build on the existing system of financing and delivery of